

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court**  
**District of Nevada**

In re **ANTHONY FLOYD HOLLINGSWORTH**,  
 Debtor

Case No. **10-12354-LBR**Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>300,000.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>11,995.88</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>2</b>		<b>260,248.73</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>16</b>		<b>49,500.79</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>4,639.16</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>4,199.77</b>
Total Number of Sheets of ALL Schedules		<b>29</b>			
Total Assets			<b>311,995.88</b>		
Total Liabilities				<b>309,749.52</b>	

**United States Bankruptcy Court**  
**District of Nevada**

In re **ANTHONY FLOYD HOLLINGSWORTH**

Debtor

Case No. **10-12354-LBR**Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>4,639.16</b>
Average Expenses (from Schedule J, Line 18)	<b>4,199.77</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>6,248.41</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>49,500.79</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>49,500.79</b>

B6A (Official Form 6A) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**

Case No. **10-12354-LBR**

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
HOME - 1508 CRYSTAL RAINEY AVE N LAS VEGAS NV 89086		C	300,000.00	260,248.73

0 continuation sheets attached to the Schedule of Real Property

Sub-Total >300,000.00(Total of this page)

Total >300,000.00

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>CASH ON HAND</b>	<b>C</b>	<b>10.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>US BANK - CHECKING</b>	<b>C</b>	<b>200.00</b>
		<b>US BANK- SAVINGS</b>	<b>-</b>	<b>10.88</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>HOUSEHOLD GOODS</b>	<b>C</b>	<b>500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>WEARING APPAREL</b>	<b>C</b>	<b>500.00</b>
7. Furs and jewelry.		<b>WEDDING RINGS</b>	<b>C</b>	<b>200.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **1,420.88**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>401K</b>		<b>H</b>	<b>1,575.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>2009 TAX REFUND</b>		<b>-</b>	<b>Unknown</b>
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **1,575.00**  
(Total of this page)

Sheet **1** of **2** continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2002 NISSAN FRONTIER</b>	<b>C</b>	<b>9,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **9,000.00**  
(Total of this page)

Total > **11,995.88**

(Report also on Summary of Schedules)

Sheet **2** of **2** continuation sheets attached  
to the Schedule of Personal Property

B6C (Official Form 6C) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☒ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Real Property</u></b>			
<b>HOME - 1508 CRYSTAL RAINEY AVE N LAS VEGAS NV 89086</b>	<b>Nev. Rev. Stat. § 21.090(1)(m)</b>	<b>300,000.00</b>	<b>300,000.00</b>
<b><u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u></b>			
<b>US BANK - CHECKING</b>	<b>Nev. Rev. Stat. § 21.090(1)(g)</b>	<b>150.00</b>	<b>200.00</b>
<b><u>Household Goods and Furnishings</u></b>			
<b>HOUSEHOLD GOODS</b>	<b>Nev. Rev. Stat. § 21.090(1)(b)</b>	<b>500.00</b>	<b>500.00</b>
<b><u>Wearing Apparel</u></b>			
<b>WEARING APPAREL</b>	<b>Nev. Rev. Stat. § 21.090(1)(b)</b>	<b>500.00</b>	<b>500.00</b>
<b><u>Furs and Jewelry</u></b>			
<b>WEDDING RINGS</b>	<b>Nev. Rev. Stat. § 21.090(1)(a)</b>	<b>200.00</b>	<b>200.00</b>
<b><u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u></b>			
<b>401K</b>	<b>Nev. Rev. Stat. § 21.090(1)(r)</b>	<b>1,575.00</b>	<b>1,575.00</b>
<b><u>Other Liquidated Debts Owing Debtor Including Tax Refund</u></b>			
<b>2009 TAX REFUND</b>	<b>Nev. Rev. Stat. § 21.090(1)(z)</b>	<b>1,000.00</b>	<b>Unknown</b>
<b><u>Automobiles, Trucks, Trailers, and Other Vehicles</u></b>			
<b>2002 NISSAN FRONTIER</b>	<b>Nev. Rev. Stat. § 21.090(1)(f)</b>	<b>9,000.00</b>	<b>9,000.00</b>

Total:	<b>312,925.00</b>	<b>311,975.00</b>
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0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No. <b>0211742184</b>			<b>Mortgage</b>					
<b>WELLS FARGO HOME MORTGAGE ATTN:MANAGING AGENT P.O. BOX 30427 Los Angeles, CA 90030</b>	<b>C</b>		<b>HOME - 1508 CRYSTAL RAINEY AVE N LAS VEGAS NV 89086</b>				<b>260,248.73</b>	<b>0.00</b>
			Value \$ <b>300,000.00</b>					
Account No.			<b>Representing: WELLS FARGO HOME MORTGAGE</b>				<b>Notice Only</b>	
<b>NATIONAL DEFAULT SERVICING CORP. ATTN:MANAGING AGENT 7720 N. 16TH STREET SUITE 300 Phoenix, AZ 85020</b>								
			Value \$					
Account No.			<b>Representing: WELLS FARGO HOME MORTGAGE</b>				<b>Notice Only</b>	
<b>WELLS FARGO HOME MORTGAGE ATTN:MANAGING AGENT P.O.BOX 14411 Des Moines, IA 50306-3411</b>								
			Value \$					
Account No.			<b>Representing: WELLS FARGO HOME MORTGAGE</b>				<b>Notice Only</b>	
<b>WELLS FARGO HOME MORTGAGE ATTN:MANAGING AGENT P.O.BOX 10335 Des Moines, IA 50306</b>								
			Value \$					
Subtotal (Total of this page)							<b>260,248.73</b>	<b>0.00</b>

1 continuation sheets attached



B6D (Official Form 6D) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.  <b>WELLS FARGO HOME MORTGAGE ATTN:MANAGING AGENT 7720 N. 16TH ST. STE 300 Phoenix, AZ 85020</b>			<b>Representing: WELLS FARGO HOME MORTGAGE</b>  Value \$				<b>Notice Only</b>	
Account No.  			     Value \$					
Account No.  			     Value \$					
Account No.  			     Value \$					
Account No.  			     Value \$					

 Sheet **1** of **1** continuation sheets attached to  
 Schedule of Creditors Holding Secured Claims

 Subtotal  
 (Total of this page)
**0.00****0.00**
 Total  
 (Report on Summary of Schedules)
**260,248.73****0.00**

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R  H U S B A N D W I F E J O I N T C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>H453375980</b>  <b>ADT SECURITY SYSTEMS INC.</b> <b>ATTN:MANAGING AGENT</b> <b>14200 EAST EXPOSITION AVE</b> <b>Aurora, CO 80012</b>		<b>2009</b> <b>ALARM SYSTEM</b>				<b>800.00</b>
Account No.  <b>ADT</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 650485</b> <b>Dallas, TX 75265-0485</b>		<b>Representing:</b> <b>ADT SECURITY SYSTEMS INC.</b>				<b>Notice Only</b>
Account No.  <b>ALLIED INTERSTATE</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 361477</b> <b>Columbus, OH 43236</b>		<b>Representing:</b> <b>ADT SECURITY SYSTEMS INC.</b>				<b>Notice Only</b>
Account No.  <b>ALLIED INTERSTATE</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 1962</b> <b>Southgate, MI 48195-0968</b>		<b>Representing:</b> <b>ADT SECURITY SYSTEMS INC.</b>				<b>Notice Only</b>
Subtotal (Total of this page)						<b>800.00</b>

15 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>AFS0069853</b>  <b>ALLSTATE FINANCIAL SERVICES</b> <b>ATTN:MANAGING AGENT</b> <b>2920 S 84TH ST</b> <b>Lincoln, NE 68506</b>	<b>C</b>	<b>2005</b> <b>HOMEOWNERS INSURANCE</b>				<b>Unknown</b>
Account No. <b>1019641</b>  <b>APX ALARM</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 30106</b> <b>Salt Lake City, UT 84130-0106</b>	<b>-</b>	<b>2009</b> <b>ALARM SYSTEM</b>				<b>800.00</b>
Account No.  <b>APX ALARM</b> <b>ATTN:MANAGING AGENT</b> <b>5132 N. 300 WEST</b> <b>Provo, UT 84604</b>		<b>Representing:</b> <b>APX ALARM</b>				<b>Notice Only</b>
Account No. <b>1146011336</b>  <b>ASC</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 10328</b> <b>Des Moines, IA 50306</b>	<b>C</b>	<b>2008</b> <b>MORTGAGE DEFICIENCY (EST)</b>				<b>10,000.00</b>
Account No.  <b>ASC</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 10388</b> <b>Des Moines, IA 50306-0388</b>		<b>Representing:</b> <b>ASC</b>				<b>Notice Only</b>
Sheet no. <u>1</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>10,800.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>ASC</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 10328</b> <b>Des Moines, IA 50306</b>		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  <b>Representing:</b> <b>ASC</b>				<b>Notice Only</b>
Account No.  <b>ASC</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 60768</b> <b>Los Angeles, CA 90060</b>		<b>Representing:</b> <b>ASC</b>				<b>Notice Only</b>
Account No.  <b>NATIONAL DEFAULT SERVICING</b> <b>CORP.</b> <b>ATTN:MANAGING AGENT</b> <b>2525 E. CAMELBACK RD. SUITE 200</b> <b>Phoenix, AZ 85016</b>		<b>Representing:</b> <b>ASC</b>				<b>Notice Only</b>
Account No. <b>UM80002688</b>  <b>ASSOCIATED PATHOLOGIST</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 79074</b> <b>Phoenix, AZ 85062</b>	<b>C</b>	<b>2008</b> <b>MEDICAL BILL</b>				<b>160.12</b>
Account No.  <b>AMCA</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 1235</b> <b>Elmsford, NY 10523-0935</b>		<b>Representing:</b> <b>ASSOCIATED PATHOLOGIST</b>				<b>Notice Only</b>
Sheet no. <b>2</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>160.12</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>AMCA COLLECTION AGENCY ATTN:MANAGING AGENT 2269 S SAWMILL RIVER BLDG. 3 Elmsford, NY 10523</b>		<b>Representing: ASSOCIATED PATHOLOGIST</b>				<b>Notice Only</b>
Account No. <b>137369</b>  <b>CHILDREN'S HEART CENTER ATTN:MANAGING AGENT 3006 S MARYLAND PKWY #690 Las Vegas, NV 89109</b>	<b>C</b>	<b>2008 MEDICAL BILL</b>				<b>453.80</b>
Account No.  <b>CINGULAR/AT&amp;T WIRELESS ATTN:MANAGING AGENT P.O.BOX 755 Atwater, CA 95301</b>	<b>C</b>	<b>2009 CELL PHONE</b>				<b>212.68</b>
Account No. <b>00000500237144</b>  <b>CIT GROUP ATTN:MANAGING AGENT 715 S METROPOLITAN P.O. BOX 24330 Oklahoma City, OK 73124</b>	<b>C</b>	<b>2006 MORTGAGE DEFICIENCY (EST)</b>				<b>10,000.00</b>
Account No.  <b>TRITIUM CARD SERV ATTN:MANAGING AGENT P.O. BOX 7339 Garden City, NY 11530</b>		<b>Representing: CIT GROUP</b>				<b>Notice Only</b>
Sheet no. <b>3</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>10,666.48</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>5049-9480-2533-8684</b>  <b>CITI CARDS</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 45129</b> <b>Jacksonville, FL 32232</b>	<b>C</b>	<b>2003-2008</b> <b>CREDIT CARD</b>				<b>900.00</b>
Account No.  <b>CITI CARDS</b> <b>ATTN:MANAGING AGENT</b> <b>ATTN: URGENT PAYMENTS</b> <b>1500 BOLTONFIELD ST</b> <b>Columbus, OH 43228</b>		<b>Representing:</b> <b>CITI CARDS</b>				<b>Notice Only</b>
Account No.  <b>CITI CARDS PAYMENT CENTER</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 182149</b> <b>Columbus, OH 43218</b>		<b>Representing:</b> <b>CITI CARDS</b>				<b>Notice Only</b>
Account No.  <b>CITIBANK</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 6419</b> <b>The Lakes, NV 88901-6419</b>	<b>C</b>	<b>2004</b> <b>COLLECTIONS</b>				<b>691.00</b>
Account No.  <b>PAUL LAW OFFICES</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 790179</b> <b>Saint Louis, MO 63179</b>		<b>Representing:</b> <b>CITIBANK</b>				<b>Notice Only</b>
Sheet no. <b>4</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,591.00</b>

Case No. 10-12354-LBR

(Continuation Sheet)

### Best Case Bankruptcy



B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R O W E R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>ELDORADO NEIGHBORHOOD HOA</b> <b>c/o TERRA WEST PROP. MGMT.</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 98813</b> <b>Las Vegas, NV 89193</b>		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  <b>Representing:</b> <b>ELDORADO NEIGHBORHOOD HOA</b>				<b>Notice Only</b>
Account No. <b>686480001780175</b>  <b>HFC</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 4153-K</b> <b>Carol Stream, IL 60197</b>	<b>C</b>	<b>2006-2008</b> <b>CREDIT CARD</b>				<b>6,933.25</b>
Account No.  <b>HFO</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 9068</b> <b>Brandon, FL 33509</b>		<b>Representing:</b> <b>HFC</b>				<b>Notice Only</b>
Account No.  <b>HSBC</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 60136</b> <b>City Of Industry, CA 91716</b>	<b>C</b>	<b>2005-2008</b> <b>CREDIT CARD</b>				<b>475.00</b>
Account No. <b>0518336</b>  <b>KOHL'S</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 30510</b> <b>Los Angeles, CA 90030-0510</b>	<b>C</b>	<b>2006-2008</b> <b>CREDIT CARD</b>				<b>600.00</b>
Sheet no. <b>6</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>8,008.25</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>ENHANCED RECOVERY CORP. ATTN:MANAGING AGENT 8014 BAYBERRY RD Jacksonville, FL 32256-7412</b>			<b>Representing: KOHL'S</b>			<b>Notice Only</b>
Account No.						
<b>KOHL'S ATTN:MANAGING AGENT P.O. BOX 3084 Milwaukee, WI 53201</b>			<b>Representing: KOHL'S</b>			<b>Notice Only</b>
Account No.						
<b>KOHL'S ATTN:MANAGING AGENT P.O. BOX 2983 Milwaukee, WI 53201</b>			<b>Representing: KOHL'S</b>			<b>Notice Only</b>
Account No.						
<b>KOHL'S ATTN:MANAGING AGENT P.O.BOX 3004 Milwaukee, WI 53201-3004</b>			<b>Representing: KOHL'S</b>			<b>Notice Only</b>
Account No.						
<b>KOHL'S ATTN:MANAGING AGENT P.O.BOX 3043 Milwaukee, WI 53201-3043</b>			<b>Representing: KOHL'S</b>			<b>Notice Only</b>
Sheet no. <u>7</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>0.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>PROGRESSIVE FINANCIAL SERVICES ATTN:MANAGING AGENT 1919 W. FAIRMONT SUITE 8 Tempe, AZ 85282</b>			<b>Representing: KOHL'S</b>			<b>Notice Only</b>
Account No.						
<b>PROGRESSIVE MGMT SYSTEM ATTN:MANAGING AGENT P.O.BOX 22083 Tempe, AZ 85285</b>			<b>Representing: KOHL'S</b>			<b>Notice Only</b>
Account No.						
<b>TRITIUM CARD SERV ATTN:MANAGING AGENT 865 MERRICK AVE 4TH FLOOR Westbury, NY 11590</b>			<b>Representing: KOHL'S</b>			<b>Notice Only</b>
Account No. <b>81924290034131</b>						
<b>LOWES ATTN:MANAGING AGENT P.O.BOX 530914 Atlanta, GA 30353</b>		<b>C</b>	<b>2006-2008 CREDIT CARD</b>			<b>500.00</b>
Account No.						
<b>GE MONEY BANK ATTN:MANAGING AGENT P.O.BOX 981064 El Paso, TX 79998-1064</b>			<b>Representing: LOWES</b>			<b>Notice Only</b>
Sheet no. <b>8</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>500.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>GE MONEY BANK ATTN:MANAGING AGENT P.O.BOX 903104 Roswell, GA 30076</b>		<b>Representing: LOWES</b>				<b>Notice Only</b>
Account No. <b>82765290012783</b>		<b>2006-2008 CREDIT CARD</b>				<b>3,046.28</b>
<b>LOWES ATTN:MANAGING AGENT P.O.BOX 530914 Atlanta, GA 30353</b>	<b>C</b>					
Account No.						
<b>ENCORE ATTN:MANAGING AGENT 400 N. ROGER RD. P.O.BOX 3330 Olathe, KS 66063-3330</b>		<b>Representing: LOWES</b>				<b>Notice Only</b>
Account No.						
<b>GE MONEY BANK ATTN:MANAGING AGENT P.O.BOX 981064 El Paso, TX 79998-1064</b>		<b>Representing: LOWES</b>				<b>Notice Only</b>
Account No.						
<b>ZWICKER &amp; ASSOCIATES, P.C. ATTN:MANAGING AGENT 80 MINUTEMAN RD. Andover, MA 01810-1031</b>		<b>Representing: LOWES</b>				<b>Notice Only</b>
Sheet no. <u>9</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>3,046.28</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>ZWICKER &amp; ASSOCIATES, P.C. ATTN:MANAGING AGENT P.O.BOX 101145 Birmingham, AL 35210-6145</b>		<b>Representing: LOWES</b>				<b>Notice Only</b>
Account No. <b>27128</b>		<b>2008 MEDICAL BILL</b>				
<b>MEDSCHOOL ASSOC SOUTH DEPT OF SURGERY ATTN:MANAGING AGENT 1701 W. CHARLESTON BLVD. # 215 Las Vegas, NV 89102-2312</b>	<b>C</b>					<b>519.70</b>
Account No. <b>66027</b>		<b>2009 HOA FEES (PRECAUTIONARY)</b>				
<b>NICKLIN PROPERTY, MANAGEMENT ATTN:MANAGING AGENT 375 N. STEPHANIE ST #911B Henderson, NV 89014</b>	<b>C</b>					<b>800.00</b>
Account No. <b>05597703</b>		<b>2009 UTILITIES</b>				
<b>NLV UTILITIES ATTN:MANAGING AGENT 2980 S. JONES BLVD. STE. A Las Vegas, NV 89146</b>	<b>-</b>					<b>150.00</b>
Account No.						
<b>CREDIT BUREAU CENTRAL ATTN:MANAGING AGENT P.O.BOX 29299 Las Vegas, NV 89126</b>		<b>Representing: NLV UTILITIES</b>				<b>Notice Only</b>
Sheet no. <b>10</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,469.70</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
<b>CREDIT BUREAU CENTRAL</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 4115</b> <b>DEPT. 502</b> <b>Concord, CA 94524</b>		<b>Representing:</b> <b>NLV UTILITIES</b>				<b>Notice Only</b>
<b>Account No. A23959424</b>  <b>QUEST DIANOSTICS</b> <b>ATTN:MANAGING AGENT</b> <b>2980 S. JONES BLVD. SUITE A</b> <b>Las Vegas, NV 89146</b>	-	<b>2009</b> <b>MEDICAL</b>				<b>45.00</b>
<b>Account No.</b>  <b>CREDIT BUREAU CENTRAL</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 29299</b> <b>Las Vegas, NV 89126</b>		<b>Representing:</b> <b>QUEST DIANOSTICS</b>				<b>Notice Only</b>
<b>Account No.</b>  <b>CREDIT BUREAU CENTRAL</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 4115</b> <b>DEPT. 502</b> <b>Concord, CA 94524</b>		<b>Representing:</b> <b>QUEST DIANOSTICS</b>				<b>Notice Only</b>
<b>Account No. 7714100466937299</b>  <b>SAM'S CLUB</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 530942</b> <b>Atlanta, GA 30353</b>	C	<b>2006 - 2008</b> <b>CREDIT CARD</b>				<b>3,607.06</b>
Sheet no. <b>11</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>3,652.06</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>ENCORE ATTN:MANAGING AGENT 400 N. ROGER RD. P.O.BOX 3330 Olathe, KS 66063-3330</b>		<b>Representing: SAM'S CLUB</b>				<b>Notice Only</b>
Account No.						
<b>GE MONEY BANK ATTN:MANAGING AGENT P.O.BOX 981064 El Paso, TX 79998-1064</b>		<b>Representing: SAM'S CLUB</b>				<b>Notice Only</b>
Account No. <b>5049-9480-2533-8684</b>						
<b>SEARS ATTN:MANAGING AGENT P.O. BOX 688956 Des Moines, IA 50368</b>	<b>C</b>	<b>2003-2008 CREDIT CARD</b>				<b>900.00</b>
Account No.						
<b>CARD SERVICE CENTER ATTN:MANAGING AGENT P.O. BOX 6276 Sioux Falls, SD 57117</b>		<b>Representing: SEARS</b>				<b>Notice Only</b>
Account No.						
<b>LTD FINANCIAL SERVICES ATTN:MANAGING AGENT 7322 SOUTHWEST FREEWAY SUITE 1600 Houston, TX 77074</b>		<b>Representing: SEARS</b>				<b>Notice Only</b>
Sheet no. <b>12</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>900.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.						
<b>REDLINE RECOVERY SERVICES, LLC.</b> <b>ATTN:MANAGING AGENT</b> <b>11675 RAINWATER DR. STE 350</b> <b>SUITE 350</b> <b>Alpharetta, GA 30009-8693</b>		<b>Representing:</b> <b>SEARS</b>				<b>Notice Only</b>
Account No. <b>00023282278</b>						
<b>TARGET</b> <b>ATTN:MANAGING AGENT</b> <b>3901 W 53RD ST</b> <b>Sioux Falls, SD 57106</b>	<b>C</b>	<b>2006-2008</b> <b>CREDIT CARD</b>				<b>1,432.43</b>
Account No.						
<b>FIRST SOURCE ADVANTAGE, LLC</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 658</b> <b>Buffalo, NY 14240</b>		<b>Representing:</b> <b>TARGET</b>				<b>Notice Only</b>
Account No.						
<b>FIRST SOURCE ADVANTAGE, LLC</b> <b>ATTN:MANAGING AGENT</b> <b>205 BRYANT WOODS</b> <b>Buffalo, NY 14228</b>		<b>Representing:</b> <b>TARGET</b>				<b>Notice Only</b>
Account No.						
<b>REDLINE RECOVERY SERVICES, LLC</b> <b>ATTN:MANAGING AGENT</b> <b>11675 RAINWATER DR. STE 350</b> <b>Alpharetta, GA 30009-8693</b>		<b>Representing:</b> <b>TARGET</b>				<b>Notice Only</b>
Sheet no. <b>13</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,432.43</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>REDLINE RECOVERY SERVICES, LLC</b> <b>ATTN:MANAGING AGENT</b> <b>P.O.BOX 177</b> <b>Sanborn, NY 14132-0177</b>		<b>Representing:</b> <b>TARGET</b>				<b>Notice Only</b>
Account No.  <b>TERRA WEST PROPERTY</b> <b>MANAGEMENT</b> <b>ATTN:MANAGING AGENT</b> <b>P.O. BOX 80900</b> <b>Las Vegas, NV 89180-0900</b>	<b>C</b>	<b>2009</b> <b>HOA FEES</b>				<b>1,000.00</b>
Account No.  <b>RED ROCK FINANCIAL SERVICES</b> <b>ATTN:MANAGING AGENT</b> <b>7251 AMIGO STREET</b> <b>SUITE 100</b> <b>Las Vegas, NV 89119</b>		<b>Representing:</b> <b>TERRA WEST PROPERTY MANAGEMENT</b>				<b>Notice Only</b>
Account No.  <b>TERRA WEST PROPERTY MGNT.</b> <b>ATTN:MANAGING AGENT</b> <b>2655 S. RAINBOW</b> <b>SUITE 200</b> <b>Las Vegas, NV 89146</b>		<b>Representing:</b> <b>TERRA WEST PROPERTY MANAGEMENT</b>				<b>Notice Only</b>
Account No. <b>04036604157</b>  <b>UMC HOSPITAL OUT PT.</b> <b>ATTN:MANAGING AGENT</b> <b>2980 S. JONES BLVD. SUITE A</b> <b>Las Vegas, NV 89146</b>	<b>-</b>	<b>2009</b> <b>MEDICAL</b>				<b>300.00</b>
Sheet no. <b>14</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,300.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>CREDIT BUREAU CENTRAL ATTN:MANAGING AGENT P.O.BOX 29299 Las Vegas, NV 89126</b>		<b>Representing: UMC HOSPITAL OUT PT.</b>				<b>Notice Only</b>
Account No.						
<b>CREDIT BUREAU CENTRAL ATTN:MANAGING AGENT P.O. BOX 4115 DEPT. 502 Concord, CA 94524</b>		<b>Representing: UMC HOSPITAL OUT PT.</b>				<b>Notice Only</b>
Account No.		<b>2005</b>				
<b>US BANK ATTN:MANAGING AGENT P.O.BOX 790408 Saint Louis, MO 63179</b>	<b>C</b>					<b>1,054.61</b>
Account No.		<b>2009 HOA FEES</b>				
<b>VERACITY ATTN:MANAGING AGENT P.O. BOX 1140 Denver, CO 80201</b>	<b>C</b>					<b>500.00</b>
Account No. <b>15679</b>		<b>2008 MEDICAL BILL</b>				
<b>WOMEN'S CANCER CENTER ATTN:MANAGING AGENT 9030 W SAHARA BOX 295 Las Vegas, NV 89117</b>	<b>C</b>					<b>501.86</b>
Sheet no. <b>15</b> of <b>15</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>2,056.47</b>
						<b>Total (Report on Summary of Schedules)</b>
						<b>49,500.79</b>

B6G (Official Form 6G) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

B6H (Official Form 6H) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S):	AGE(S):
	<b>Son</b>	<b>13</b>
	<b>Daughter</b>	<b>15</b>
	<b>Stepson</b>	<b>22</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>PAINTER SUPERVISOR</b>	
Name of Employer	<b>PROLINE INTERIOR</b>	
How long employed	<b>9 YEARS</b>	
Address of Employer	<b>6510 BOULDER RANCH Henderson, NV 89011</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

DEBTOR	SPOUSE
\$ <b>3,000.00</b>	\$ <b>N/A</b>

2. Estimate monthly overtime

\$ <b>0.00</b>	\$ <b>N/A</b>
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3. SUBTOTAL

\$ <b>3,000.00</b>	\$ <b>N/A</b>
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4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ <b>450.00</b>	\$ <b>N/A</b>
------------------	---------------

b. Insurance

\$ <b>602.51</b>	\$ <b>N/A</b>
------------------	---------------

c. Union dues

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

d. Other (Specify): **401K**

\$ <b>108.33</b>	\$ <b>N/A</b>
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\$ <b>0.00</b>	\$ <b>N/A</b>
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5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>1,160.84</b>	\$ <b>N/A</b>
--------------------	---------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>1,839.16</b>	\$ <b>N/A</b>
--------------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

8. Income from real property

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

9. Interest and dividends

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

11. Social security or government assistance

(Specify):

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

12. Pension or retirement income

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

13. Other monthly income

(Specify):

**SPOUSE**

\$ <b>2,400.00</b>	\$ <b>N/A</b>
--------------------	---------------

**ROOMMATE**

\$ <b>400.00</b>	\$ <b>N/A</b>
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14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>2,800.00</b>	\$ <b>N/A</b>
--------------------	---------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>4,639.16</b>	\$ <b>N/A</b>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>4,639.16</b>	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**MR. HOLLINGSWORTH INCOME VARIES.**

B6J (Official Form 6J) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**

Debtor(s)

Case No. **10-12354-LBR****SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>1,918.87</b>
a. Are real estate taxes included? Yes <u><b>X</b></u> No <u>    </u>		
b. Is property insurance included? Yes <u><b>X</b></u> No <u>    </u>		
2. Utilities: a. Electricity and heating fuel	\$	<b>275.59</b>
b. Water and sewer	\$	<b>87.32</b>
c. Telephone	\$	<b>39.99</b>
d. Other <u><b>See Detailed Expense Attachment</b></u>	\$	<b>192.00</b>
3. Home maintenance (repairs and upkeep)	\$	<b>100.00</b>
4. Food	\$	<b>895.00</b>
5. Clothing	\$	<b>95.00</b>
6. Laundry and dry cleaning	\$	<b>10.00</b>
7. Medical and dental expenses	\$	<b>75.00</b>
8. Transportation (not including car payments)	\$	<b>280.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>65.00</b>
10. Charitable contributions	\$	<b>10.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<b>0.00</b>
b. Life	\$	<b>0.00</b>
c. Health	\$	<b>0.00</b>
d. Auto	\$	<b>120.00</b>
e. Other <u>    </u>	\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>    </u>	\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<b>0.00</b>
b. Other <u><b>HOA</b></u>	\$	<b>36.00</b>
c. Other <u>    </u>	\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
17. Other <u>    </u>	\$	<b>0.00</b>
Other <u>    </u>	\$	<b>0.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<b>4,199.77</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <u>    </u>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	<b>4,639.16</b>
b. Average monthly expenses from Line 18 above	\$	<b>4,199.77</b>
c. Monthly net income (a. minus b.)	\$	<b>439.39</b>

B6J (Official Form 6J) (12/07)

In re **ANTHONY FLOYD HOLLINGSWORTH**Case No. **10-12354-LBR**

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment**

**Other Utility Expenditures:**

<b>CABLE</b>	\$	<b>90.00</b>
<b>GAS</b>	\$	<b>102.00</b>
<b>Total Other Utility Expenditures</b>	\$	<b>192.00</b>

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
District of Nevada**

In re **ANTHONY FLOYD HOLLINGSWORTH**

Debtor(s)

Case No. **10-12354-LBR**

Chapter **13**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 31 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 2, 2010**

Signature **/s/ ANTHONY FLOYD HOLLINGSWORTH**

**ANTHONY FLOYD HOLLINGSWORTH**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.